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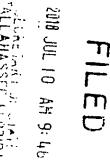
(Requestor's Name)							
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PICK-UP WAIT MAIL							
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Certified Copies Certificates of Status							
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COVER LETTER

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TO: Registration Section

Divi	sion of Corporations						
SUBJECT:	SCD INVESTMENTS, LLC						
Sono Lett.	Name of Limited Liability Company						
Dear Sir or M	Madam:						
The enclosed	d Registered Agent/Registered Offic	ce Chai	nge and	fee(s) are submitted for filing.			
Please return	all correspondence concerning this	s matte	r to the f	following:			
Erick D. La	angenbrunner, Esq.						
	Name of Person			_			
Holding C	ompany of The Villages, Inc.			_			
	Firm/Company						
3619 Kies	sel Road			_			
	Address						
The Villag	es, Florida 32163						
	City/State and Zip Code			_			
	es@thevillages.com address: (to be used for future annu	ual repo	ort notifi	cation)			
For further is	nformation concerning this matter.	please	call:				
Christi Jac	cquay	at (352	753-6612			
	Name of Person			Area Code & Daytime Telephone Number			
Regi Divi Clift 2661	REET/COURIER ADDRESS: istration Section sion of Corporations ton Building I Executive Center Circle ahassee, Florida 32301		Reg Div P.O	AILING ADDRESS: gistration Section rision of Corporations 0. Box 6327 lahassee, Florida 32314			
Enc	losed is a check for the following	amoun	ıt:				
2 \$2	25 Filing Fee		□ \$5	5 Filing Fee & Certified Copy			
INHS18 (2/14	\$)						

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116. Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

i. N	Name of the limited liability company:	MENTS	, LLC		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		3619 Kiessel Road Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	The Villages, Florida 32163		The Villages, Flor	ida 32163	
	10/23/2006	_	L06000103056		
3.	Date of filing/registration in Florida	4.	Document	number	
5. (a	Erick D. Langenbrunner, Esq.				
•	Registered Agent and Registered Office shown on the records of t	he Florida I	Dept. of State:		
	1020 Lake Sumter Landing				
	Registered Office Address (MUST BE FLORIDA STREET A		2		
(b			FILED ZOID JUL 10 AH 9: 44 KALLAHASSETT FLORID		
	NEW Registered Office Address:			AH 9: 46	
	The Villages	32163			
the clagent was/v	elimited liability company is not organized under the law hange or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited lia were authorized by an affirmative vote of the members o rticles of organization or the operating agreement of the	the regist bility cor f the limi	ered office and the bu npany, it is hereby cor ted liability company o	siness office of the registered ifirmed that the change(s)	
		Ericl	k D. Langenbrunne		
Sig	nature of a member or authorized representative of a member		Printed or typ	ped name of signee	

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent Erick D. Langenbrunner, Esq.